


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 01, 2004 8:00 am**  
**Secretary of State**

09-01-2004 90004 050 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P94000080651</b>                  |  |
| 1. Entity Name<br><b>JAMES J. DEKLEVA, P.A.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>705 DOUGLAS AVENUE<br/>SUITE 104<br/>ALTAMONTE SPRINGS FL 32714<br/>US</b> | Mailing Address<br><b>705 DOUGLAS AVENUE<br/>SUITE 104<br/>ALTAMONTE SPRINGS FL 32714<br/>US</b> |
|--|--|

**54071215**



MOORE CR2E034 (4/04)

|  |                                   |
|--|-----------------------------------|
| 2. Principal Place of Business<br><b>108 ROBIN RD. STE. 2002</b> | 3. Mailing Address<br><b>SAME</b> |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.               |

|  |                      |
|--|----------------------|
| City & State<br><b>ALTAMONTE SPRINGS, FL</b> | City & State         |
| Zip<br><b>32701</b>                          | Country<br><b>US</b> |

|   |  |
|---|--|
| 4. FEI Number<br><b>NO-T APPLICABLE</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>DEKLEVA, JAMES J<br/>705 DOUGLAS AVENUE 108 ROBIN RD. STE. 2002<br/>SUITE 104 2002<br/>ALTAMONTE SPRINGS FL 32714 01</b> |  |
|--|--|

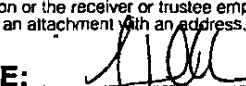
|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   | Zip Code |

|   |                     |
|---|---------------------|
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. |                     |
| SIGNATURE   | DATE <b>7-26-04</b> |

|   |  |   |
|---|--|---|
| <b>FILE NOW!!! FEE IS \$550.00<br/>DUE BY September 8, 2004<br/>Make Check Payable to Florida Department of State</b> | S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|--|---|

| 10. OFFICERS AND DIRECTORS |                                   |
|----------------------------|-----------------------------------|
| TITLE                      | <input type="checkbox"/> Delete   |
| NAME                       | <b>DEKLEVA, JAMES J</b>           |
| STREET ADDRESS             | <b>705 DOUGLAS AVE. STE. 104</b>  |
| CITY-ST-ZIP                | <b>ALTAMONTE SPRINGS FL 32714</b> |
| TITLE                      | <input type="checkbox"/> Delete   |
| NAME                       |                                   |
| STREET ADDRESS             |                                   |
| CITY-ST-ZIP                |                                   |
| TITLE                      | <input type="checkbox"/> Delete   |
| NAME                       |                                   |
| STREET ADDRESS             |                                   |
| CITY-ST-ZIP                |                                   |
| TITLE                      | <input type="checkbox"/> Delete   |
| NAME                       |                                   |
| STREET ADDRESS             |                                   |
| CITY-ST-ZIP                |                                   |
| TITLE                      | <input type="checkbox"/> Delete   |
| NAME                       |                                   |
| STREET ADDRESS             |                                   |
| CITY-ST-ZIP                |                                   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |

|   |   |
|---|---|
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |   |
| SIGNATURE:   | DATE <b>7-26-04</b> DAYTIME PHONE # <b>(407) 869-0442</b> |